

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

January 14, 2020
8:30 A.M.
Medicaid Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Beth Ennis
CHAIR

Renea Sageser
Charlie Workman
(via video)
Linda Derossett
(via video)
Dale Lynn
(via video)
TAC MEMBERS

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118

APPEARANCES
(Continued)

Sharley Hughes
David Gray
Charles Douglass
MEDICAID SERVICES

Jennifer Handley
Lisa Lucchese
AETNA BETTER HEALTH

Pat Russell
WELLCARE

Holly Owens
ANTHEM

Shannon Thornton
PASSPORT

Aaron Brashear
HUMANA

Hilary Armstrong
FOUNDATION HAND &
PHYSICAL THERAPY

Appearing Telephonically:

Kathleen Ryan
ANTHEM

Pam Marshall
MARSHALL PEDIATRIC THERAPY

Donna Veno
TELEHEALTH BOARD

AGENDA

Welcome & Introductions

Review and approval of November minutes

OLD BUSINESS

1. Codes - updates sent to DMS - discussion on new codes sent to group for review?
2. Follow-up on enrollment issues
3. Update on SCL and therapies - we have not received any word following the recommendations of the committee

NEW BUSINESS

4. Question regarding ARCs and use of PT instead of opioids - can PT visits be billed since daily rate does not include PT? Sent to Stephanie
5. Other New Business from TAC members

Public Comment

Recommendations to MAC

Adjourn

1 DR. ENNIS: Good morning,
2 everybody. Sorry if we're a little late. We are in
3 a new location and it's tucked away. So, we were
4 giving people a chance to find us.

5 We'll do introductions first
6 just for our court reporter so that she knows.

7 (INTRODUCTIONS)

8 DR. ENNIS: We have a quorum.
9 TAC members, I sent out the minutes from November.
10 Any changes that need to be made?

11 MS. SAGESER: I didn't see any.

12 DR. ENNIS: No? Are we okay to
13 approve November's minutes?

14 MS. SAGESER: Yes. I'll
15 approve. I make a motion.

16 DR. ENNIS: Are we good? I'm
17 just going to let you know, all three of you are
18 muted right now. So, unmute when you want to talk.

19 The Old Business, I just wanted
20 to follow up on payment codes. I know we sent
21 everything through. The 2020 schedule isn't posted
22 yet. It usually isn't at the beginning of January.

23 Do we have any idea? I know
24 Charles was going to be here but I know he's probably
25 got sixteen other things going on, too. Do we know

1 when that might get posted?

2 MS. HUGHES: No, I don't.

3 Sorry.

4 DR. ENNIS: David, have you
5 heard anything?

6 MR. GRAY: I spoke with Charles.
7 I know the physician fee schedules were close. DXC
8 has got everything and that's the subcontractor. So,
9 I think we're within weeks in terms of this being
10 done, at least based on my conversations.

11 I would be reluctant to give a
12 specific date because I would be wrong but very much
13 in the works and it's going to be much sooner than it
14 was last year.

15 DR. ENNIS: Okay. I do want to
16 throw a New Business piece in with that Old Business
17 because they're tied together. And I apologize. I'm
18 going out of order.

19 We just last minute received
20 some CMS edits - I believe it's OT as well, Dale, is
21 that correct - I know it's PT - where they have
22 decided randomly not to allow certain therapy
23 treatment codes to go along with an evaluation.

24 MS. ARMSTRONG: Yes, it's OT,
25 too.

1 DR. ENNIS: It's OT?
2 MR. LYNN: Beth (inaudible).
3 DR. ENNIS: Dale, you're really
4 breaking up. So, I'm going to try. Just wave at me
5 if I say something wrong about it, okay?
6 It is manual therapy and TherEx
7 or theractivity?
8 MS. ARMSTRONG: Theractivity.
9 DR. ENNIS: Theractivity. For
10 some reason, they decided that you don't need to
11 treat a patient the same day you evaluate them. I
12 don't know why.
13 So, we're trying to figure out
14 how long that's going to stay in. There is a lot of
15 lobbying of CMS to get that changed.
16 MS. ARMSTRONG: I think you have
17 to apply that 59 modifier to get it----
18 DR. ENNIS: Looked at, but even
19 then, they weren't going to allow it.
20 MS. MARSHALL: Beth, I know a
21 lot about this, studying it and dealing with it.
22 So, the claims are actually
23 coming back, both commercial and Medicaid, because it
24 is an NCCI edit----
25 DR. ENNIS: Right.

1 MS. MARSHALL: ----where they're
2 paying for the treatment, not the evaluation which is
3 opposite of what I would have thought it came back,
4 and it doesn't matter which line you put on, and 59
5 does not help. It's the hard edit.

6 DR. ENNIS: Right.

7 MS. MARSHALL: And it also spans
8 across if you as a PT, Beth, saw a child today for
9 treatment and you billed one or two units of 97530
10 and I saw the patient as an OT for an evaluation and
11 I didn't bill any treatment, our codes still----

12 DR. ENNIS: It kicked.

13 MS. MARSHALL: ----with that
14 edit.

15 DR. ENNIS: So, I guess the
16 intent is just to make Medicaid aware that there are
17 problems with this particular NCCI edit that we're
18 trying to talk to CMS about because it's across
19 payors - it's not just a Medicaid issue - and to see
20 if they have any guidance in how to handle it so that
21 people can get paid for what they're doing.

22 MS. HUGHES: Sorry. I don't
23 know.

24 DR. ENNIS: And like I said,
25 this just came across----

1 MS. HUGHES: I'm assuming if
2 it's CMS, it's probably we----

3 DR. ENNIS: And we are fighting
4 the CMS level. So, we'll try to keep updated on
5 what's going on there but just that you're aware
6 because you're going to hear from providers.

7 MS. MARSHALL: And, Beth, just
8 to comment.

9 MS. HUGHES: Pam, I'm sorry.
10 It's Sharley. I don't know if it's your phone
11 cutting out. It almost sounds like you might be
12 touching the mic or something. You're cutting in and
13 out a lot.

14 MS. MARSHALL: Okay. Does this
15 sound better?

16 DR. ENNIS: Much better.

17 MS. MARSHALL: Okay. So, thank
18 you for letting me know that.

19 The thing that is concerning
20 about it and I propose for us to discuss, should the
21 TAC submit a letter to the MAC and, then, the MAC
22 report to the federal, to CMS because it's across the
23 life span. It doesn't matter how old the patient is.
24 It could put our OT's and PT's in a real ethical
25 dilemma because 9750 tends to be the most descriptive

1 code for that initial session.

2 DR. ENNIS: Right.

3 MS. MARSHALL: And I wrote my
4 letter. So, everyone can respond. There is an email
5 address you can send a response to. And we're even
6 having non-therapists on our teams write letters just
7 so it's communicated, hey, this is not helpful to
8 families.

9 So, I wrote it with examples
10 like a baby who can't eat and you're excited to
11 finally get to this appointment but your therapist
12 can't help give you any strategies because they just
13 have to complete their evaluation.

14 The other problem is the fact
15 that we're not getting paid for our eval code and the
16 denials that come across, there are several codes
17 that all kind of mean the same thing in the denial.
18 It is basically this code is non-covered because the
19 service has already been paid for.

20 Yet, that bumps up against who
21 we are and our whole process and ethics as a
22 therapist. We have to complete an evaluation and,
23 so, now they're not paying for that evaluation code.

24 DR. ENNIS: Right.

25 MS. MARSHALL: So, there's a lot

1 of problems with it and I think it's worthy for us as
2 a state looking at how does this affect - this
3 affects all members who want therapy.

4 Think about patients who are
5 getting surgery and that surgeon is relying on that
6 PT to teach that range-of-motion protocol or whatever
7 it is. And I think patients, it's restricting their
8 care and will cause more problems down the road
9 because the simple thing that I think everybody in
10 the room could understand is that if you've had knee
11 surgery and there's a protocol of what you need to
12 follow and you're expecting your PT to work with you.

13 Can you imagine going to the
14 evaluation and having to wait another four or five
15 days or maybe a week to see that PT again to get that
16 protocol. It's just kind of absurd.

17 DR. ENNIS: Pam, I know that all
18 three organizations or at least the PT and OT
19 organizations have significant campaigns
20 communicating with CMS about the challenges with this
21 particular edit, not only the fact that it came out
22 of nowhere with no consultation but that it's pretty
23 inappropriate.

24 We can certainly take something
25 to the MAC to see if the Cabinet wants to notify the

1 folks at CMS since they're in communication with them
2 on an ongoing basis and try to come at it from that
3 direction as well.

4 I don't know if they will feel
5 that's appropriate or not but we can certainly
6 propose it, but I would continue to encourage all of
7 the membership from the associations to encourage
8 letter-writing, and especially - I mean, I know that
9 the therapists are writing but patients, too, because
10 they tend to respond better when they're hearing from
11 recipients rather than from people who are getting
12 paid; but until CMS changes it, I don't know that
13 there's anything any of the payors can do because
14 it's there.

15 MS. MARSHALL: Right.

16 DR. ENNIS: But, yes, it's a
17 huge problem.

18 MS. MARSHALL: It just puts us
19 in an ethical dilemma. I think we'll have to address
20 that with our state organizations.

21 DR. ENNIS: Yes, and they have
22 already pushed out. KPTA - Kentucky - has been doing
23 a letter-writing and email-writing campaign for two
24 weeks now because it came out January 1.

25 MR. GRAY: Was the effective

1 date January 1?

2 DR. ENNIS: Yes.

3 MR. GRAY: Well, and that's one
4 where through your state associations want to engage
5 with the congressional delegation, too, Senator
6 McConnell's office, Hal Rogers' office. Brett
7 Guthrie, I think he's still on one of the Health
8 committees. Those are ones that quickly come to
9 mind. John Yarmuth.

10 DR. ENNIS: He tends to be a
11 little more responsive than the others.

12 MR. GRAY: I think certainly the
13 congressional delegation, you need to include them in
14 this process.

15 DR. ENNIS: Yes. And I know on
16 the federal level, the national organizations are
17 reaching out across the board.

18 We had some enrollment issues
19 that we brought to attention last time. I just kept
20 it on here to follow up. I know David and I have
21 talked and we worked through a couple of those with
22 specific MCOs.

23 Is anyone else seeing
24 enrollment issues right now? No? Okay.

25 MR. GRAY: And those issues that

1 one provider had, those have been resolved.

2 DR. ENNIS: Thank you. And I
3 know there continue to be webinars and all kinds of
4 things on provider enrollment and using the portal
5 and all of those kinds of things.

6 So, continue to encourage your
7 providers to look at those and attend them. If they
8 have questions, reach out and we can put them in
9 touch with specific MCOs.

10 MS. HUGHES: Did someone just
11 join on the call or did somebody hang up?

12 MS. VENNO: This is Donna Venno,
13 the Program Manager with the Telehealth Board. I
14 just joined the call.

15 DR. ENNIS: Hi, Donna. How are
16 you?

17 MS. VENNO: Great. Thank you so
18 much.

19 DR. ENNIS: The wording on
20 Number 3 on the agenda, I apologize. It was very
21 late when I was finally putting the agenda together.
22 So, it's a little misleading.

23 Prior to our last meeting, we
24 had received a PowerPoint presentation from a company
25 that was retained to look at the waiver processes and

1 payments and all of those kinds of things and there
2 were some recommendations in that PowerPoint changing
3 the structure of payments for therapies within the
4 different waiver programs.

5 So, when we brought it up last
6 time, it was kind of still in that nebulous we're
7 seeing what we're going to do about it. So, I kept
8 it on here to see if there was any update from
9 Cabinet folks bout any changes to the waivers but
10 they're not here.

11 MS. HUGHES: Was this Navigant
12 or was this someone that was hired by one of the
13 therapy associations?

14 DR. ENNIS: It was not hired by
15 us. I think it was Navigant.

16 MS. HUGHES: Navigant. Okay,
17 because when I went back after I got your agenda to
18 see if I had missed something----

19 DR. ENNIS: No. It was my
20 confusing wording.

21 MS. HUGHES: I know that at the
22 last meeting, I had sent, like, within the next few
23 days, there was going to be new appendices put out.

24 DR. ENNIS: Right.

25 MS. HUGHES: Did you look at

1 that to see if that addressed anything?

2 DR. ENNIS: I didn't see
3 anything in there. I can check again.

4 MS. HUGHES: You may want to try
5 calling Pam Smith just to talk to her and ask her.

6 DR. ENNIS: Okay. I can do
7 that.

8 MS. HUGHES: She is not here
9 today but she may be able to give you some more
10 information.

11 DR. ENNIS: Sounds great. And
12 if we hear anything on that, I will push it out.

13 MS. HUGHES: Okay.

14 DR. ENNIS: Any other Old
15 Business that I neglected to put on the agenda
16 because that's very possible, too?

17 The first New Business item is
18 one that I discussed with Stephanie last week and,
19 then, forgot to follow up with an email. So, that
20 got sent yesterday.

21 So, I know we don't have any
22 response on this yet but I wanted to put it on the
23 agenda just as a thought.

24 We have been talking for years,
25 the last couple of years about the use of therapies

1 for pain management as an alternative during this
2 opioid crisis, and we actually have a member who is
3 working with the addiction rehab centers doing a
4 pilot with folks who are in recovery.

5 And the challenge right now
6 that they are seeing is that the ARCs have a flat fee
7 daily payment and PT has not been a part of that ever
8 and, so, there's no way for her to get reimbursed
9 right now.

10 MS. HUGHES: I'm sorry. I was
11 looking to see if Stephanie had sent an email. What
12 is ARCs? You may have said that at the very
13 beginning of this.

14 DR. ENNIS: That's the Addiction
15 Recovery Centers.

16 MS. HUGHES: Okay.

17 DR. ENNIS: I'm sorry. We speak
18 in a lot of jargon. What she is doing and I have an
19 email from her that I'm more than happy to share, but
20 basically they do a PT evaluation sometime in the
21 first five weeks of their recovery to kind of assess
22 need, see what's going on.

23 A lot of these are folks who
24 were never referred to therapy for their pain
25 initially and were put on opioids and eventually

1 became addicted. And, so, now they have been put in
2 this program to try and get out of that cycle.

3 Seeing them maybe once a week
4 for a couple of weeks, seeing some really good
5 results with getting them active, managing their own
6 pain, putting them into a group exercise program down
7 the line and having them respond really well, but
8 there's no way to get reimbursed for that right now
9 because they're not part of that ARC daily rate.

10 And, so, the question came up
11 are we able to bill the State Plan benefit and use
12 their twenty visits on top of that daily rate or is
13 that not allowed?

14 And, so, Stephanie was going to look
15 into that. So, I just put it on here because it was
16 a question I posed to her last week when I bumped
17 into her and then followed up with the email.

18 MS. HUGHES: Okay.

19 DR. ENNIS: I think it would be
20 a really good use of therapy services, especially in
21 this pain crisis, and I don't know that it's
22 something that could be absorbed into that daily fee
23 for the ARCs because it's already a tight fund.

24 MS. HUGHES: Right, because they
25 are inpatientizing those, correct?

1 DR. ENNIS: Part inpatient, part
2 outpatient and that's the challenge is she is doing
3 the eval while they're still in the inpatient phase
4 but, then, they continue to come for the outpatient
5 and it's in that daily fee but PT has never been
6 considered a part of that bundle and we think it
7 would be really value-added to cover that service as
8 a part of that process.

9 MS. HUGHES: Okay.

10 DR. ENNIS: And she is more than
11 willing to share any data on the results that she is
12 seeing with the Cabinet if they would like to see it.

13 MS. HUGHES: Okay.

14 DR. ENNIS: Any other New
15 Business? I'm going to start with Renea because she
16 is in the room and then I will go to folks on the
17 video.

18 MS. SAGESER: Just with Humana,
19 the transition. It's been really hard for us as
20 providers. The authorization has been down for a few
21 days, so, we haven't even seen patients this year to
22 have this, to have it switched.

23 So, it's been poor
24 communications. I finally got a hold of someone but
25 we can talk afterwards. I know as providers, it's

1 been really hard with the transition. There was just
2 very little information that was released and the
3 authorization portal just to even get a new
4 authorization.

5 MS. HUGHES: So, it's on the
6 Humana side? It's not coming from PA's that were
7 approved through----

8 MS. SAGESER: Yeah. They're not
9 honoring those.

10 MS. HUGHES: I thought you were
11 going to honor any PA's that CareSource approved
12 previously.

13 MR. BRASHEAR: The ones that
14 were approved in 2019 for services that started in
15 the 2020 are supposed to be acknowledged and
16 approved.

17 MS. SAGESER: They said that
18 they had to get new ones effective January - when I
19 talked to CareSource, they said they were only until
20 12/31 and that we had to get new ones effective in
21 January.

22 MR. BRASHEAR: For inpatient
23 services that started in '19 and had gone through?

24 MS. SAGESER: Outpatient. For
25 outpatient.

1 MR. BRASHEAR: Well, if the date
2 of service is starting in 2020, then, it does need to
3 be through Humana.

4 MS. SAGESER: That's right, but
5 the portal has been down.

6 MS. ARMSTRONG: And we were told
7 when we called any dates of service after 1/1, you
8 didn't have to get authorization until the twentieth
9 visit.

10 MS. SAGESER: But for OT and PT,
11 you do because you have to go through Availity is
12 what we were told.

13 MS. ARMSTRONG: Well, that's
14 what we were told----

15 MS. SAGESER: It's just been
16 very confusing. And, so, we're getting different
17 answers and we have all patients on hold.

18 MS. HUGHES: I thought that
19 CareSource and the Humana folks previously had said,
20 like, for instance, if at the beginning of December a
21 patient came in and they needed PT and the twenty
22 visits would have run them into, or, say, the middle
23 of December, they needed twenty visits and the twenty
24 visits would have run them into January, as long as
25 CareSource had approved them, had prior-authorized

1 them, that Humana would take that up until that prior
2 authorization ran out.

3 MR. BRASHEAR: That is correct.
4 That understanding is right.

5 MS. SAGESER: That is not what's
6 happening.

7 MR. BRASHEAR: Okay. Well,
8 let's talk and I will get some specifics and then we
9 will figure it out. That's the communication and the
10 instruction that we were given as well as far as
11 established in '19 and going through 2020.

12 MS. SAGESER: And, then, any of
13 the newer patients that we had that have transitioned
14 and, say, now they have Humana where maybe they had a
15 different MCO, the portal has been down. So, we
16 can't even get that.

17 MR. BRASHEAR: Right. Availity.

18 MS. SAGESER: Availity has been
19 down and, so, we haven't even had access to it.

20 MR. BRASHEAR: Right.

21 MS. HUGHES: All year?

22 MS. SAGESER: Yes.

23 MR. BRASHEAR: That's bad
24 timing, but from my understanding, that's been
25 corrected as of yesterday I was told.

1 MS. SAGESER: As of yesterday,
2 it was still not----

3 MR. BRASHEAR: The Availity?

4 MS. SAGESER: As of yesterday,
5 it was still not. Now, I don't know about today. So,
6 maybe they fixed it yesterday afternoon, but as of
7 yesterday, our auth team said it was still down.

8 DR. ENNIS: Are you guys hearing
9 any of this online?

10 MR. WORKMAN: Just kind of
11 piecing a little bit of that together, this is
12 consistent with some of the information I have been
13 getting around in the Central Kentucky area that any
14 prior approved visits would go through January, but,
15 then in February, that's when everything would have
16 to be re-established.

17 Beth, it's hard to really hard
18 that conversation.

19 DR. ENNIS: Sure. What they
20 were just discussing is that things that were prior-
21 authed that would have still usable visits through
22 the new year should be allowed, should be honored.

23 MR. WORKMAN: But that's for
24 January, however.

25 DR. ENNIS: That's not what they

1 were saying.

2 MS. SAGESER: We've just been
3 told multiple different things. So, I just need a
4 consistent message.

5 DR. ENNIS: And I think this is
6 also consistent with what we're hearing from Humana
7 outside of Medicaid. One thing on their website says
8 no prior auth needed and, then, right after it, it
9 says you have to go through OrthoNet.

10 So, there's just a lot of
11 confusion at Humana right now in general inside and
12 outside of Medicaid. So, I just want to put that on
13 your radar.

14 MR. BRASHEAR: All right. Thank
15 you.

16 DR. ENNIS: But if we could get
17 something back that we could push out to members just
18 with clear direction, that would be great, and I'll
19 make sure you get my card before you leave so you can
20 send it to me.

21 MR. BRASHEAR: Absolutely.

22 MR. WORKMAN: Beth, I have a
23 couple of those concerns, but consistently, they said
24 regardless, anything would have to be precerted
25 beginning February. That's from a couple of

1 different reports.

2 DR. ENNIS: Precerted again.

3 Okay.

4 MR. WORKMAN: We're still
5 looking. It looks like the general consensus is reps
6 are giving different information at Humana and
7 they're all referenced here which is great but
8 there's no consistency in response other than it
9 looks like February regardless, you would have to
10 have everything precerted or preauthed.

11 DR. ENNIS: Okay. Well, we're
12 going to try and get a definitive answer and we'll
13 shoot it out for everybody to disseminate.

14 MS. HUGHES: Are you who the
15 therapists should be contacting at Humana for
16 something like this?

17 MS. ARMSTRONG: Are you the
18 provider rep?

19 MR. BRASHEAR: I'm the provider
20 rep for Kentucky Medicaid specifically with
21 facilities.

22 MS. HUGHES: I was just trying
23 to get them a contact.

24 MR. BRASHEAR: Well, if I'm not
25 the one who will talk to you specifically by their

1 region or specialty type, I can get you to the right
2 person. They're all within my team.

3 DR. ENNIS: Perfect. Let's swap
4 cards before you leave and we can make sure we get
5 that information out.

6 MR. BRASHEAR: Absolutely.

7 DR. ENNIS: I appreciate that.
8 Pam, I will come back to you in just a minute.

9 TAC members on the video, any
10 New Business that you want to put out there?

11 Charlie, I will start with you since you're unmuted.

12 MR. WORKMAN: You just attacked
13 that.

14 I do have to say that I will
15 need to probably step down from the committee just
16 with new responsibilities that are happening at my
17 employment. However, Emily Sacca has agreed to step
18 in who has her finger on the pulse of all CCI-related
19 edits, billing aspects and she is intimately involved
20 and eager which is a pathway for her to get back into
21 serving PT, OT and speech therapy constituents.

22 I just confirmed with her her
23 interest and she sent back a picture of Ms. America
24 being crowned. So, I think she is very eager to be a
25 part.

1 MS. HUGHES: Do we have her----

2 DR. ENNIS: Sacca, S-a-c-c-a,

3 and we will confirm that with KPTA's Executive

4 Committee and send a letter.

5 MS. HUGHES: Okay, just with her

6 contact information so I can start including her on

7 stuff.

8 DR. ENNIS: Absolutely. I can

9 personally say Emily is a graduate of mine from a

10 number of years ago, so, I'm a little biased but she

11 is a rock star. So, we're excited to have her on

12 here.

13 Dale, do you have anything

14 else you want to add?

15 MR. LYNN: No. My big concern

16 today was the edits.

17 DR. ENNIS: The edits. Okay.

18 Main concern was the edits and we talked about those.

19 Linda, do you have anything?

20 MS. DEROSSETT: No. I think

21 everything has been covered that I had concerns

22 about.

23 DR. ENNIS: Okay. Pam, I'll go

24 back to you now. Sorry.

25 MS. MARSHALL: That's all right.

1 I just was agreeing with the Humana-CareSource
2 transition to Humana MCO is that there is a lot of
3 problem and confusion and the claims are not paying
4 and honoring the previous prior authorization and
5 definitely the confusion of switching from an
6 automatic twenty to no longer having that and having
7 to get a PA and the PA system not working.

8 So, I'm proposing that
9 hopefully they honor a certain period of time. Since
10 someone is not clear and lack of communication and
11 all of that, I think they should be honoring a
12 certain amount of time with those patients.

13 DR. ENNIS: And we'll shoot some
14 information out as soon as we get it, I promise.

15 MS. MARSHALL: Okay. And, then,
16 also, if you could make it clear. Beth, I don't know
17 if you have a way to make it clear of who we can
18 contact, the Congressmen. I couldn't really hear
19 that conversation.

20 DR. ENNIS: Sure. David's
21 recommendation was reaching out to any and all. I
22 think the Senate side is going to be a little busy
23 over the next few weeks. So, I would recommend
24 Representatives at this point and you might just cc
25 whoever your Senator is.

1 MS. MARSHALL: Okay.

2 MS. HUGHES: Just as a
3 clarification, has the PA system been down since
4 January 1?

5 MR. BRASHEAR: Not to my
6 knowledge. What has been your experience?

7 MS. SAGESER: We haven't had any
8 access.

9 MS. ARMSTRONG: We haven't
10 either.

11 MR. BRASHEAR: As in you can't
12 get to it or you don't have - I mean, is it a system
13 thing or is it that you're not enrolled?

14 MS. ARMSTRONG: No. We're
15 enrolled. I mean, we're active as far as I know, but
16 we've gotten letters back saying that certain members
17 don't need preauth when we tried to get the
18 authorization, like, December 31st for the following
19 month; but, then, we call to get benefits on January
20 1st and they told us - we got conflicting
21 information.

22 First they tell us that we
23 needed a prior auth and had to use OrthoNet and,
24 then, come back and, then, do another member and they
25 said we didn't need prior authorization until the

1 twentieth visit. So, we're getting conflicting
2 information and there's been no consistency like
3 everybody else has said.

4 DR. ENNIS: And I know that the
5 fee-for-service folks, I believe Passport and at one
6 point Humana didn't require auth for the first
7 twenty. So, if you could find out why they decided
8 to change that, that would be great.

9 MR. BRASHEAR: Okay.

10 MS. ARMSTRONG: We just need to
11 know what to do. We're obviously willing to jump
12 through the hoops but----

13 (MR. DOUGLASS ENTERS)

14 DR. ENNIS: Charles, how are
15 you? Long time no see. You're just here in time for
16 us to almost be finished, so, your timing was
17 perfect.'

18 MR. DOUGLASS: I thought it was
19 at 9:00 and I apologize.

20 DR. ENNIS: It's no worries, no
21 worries.

22 Since you are here, I'm going
23 to jump back to codes. When do you think that the
24 therapy fees - I know you're working through eighty-
25 seven different fee schedules but when do you think

1 ours will be up?

2 MR. DOUGLASS: Well, the change
3 order has been submitted and they were all going to
4 be official on 1/1.

5 DR. ENNIS: Right.

6 MR. DOUGLASS: But I'm at the
7 mercy of DXC and where we rank and the different
8 ones. Hopefully, there's not that much of a change.
9 It seems like there's more OT than PT----

10 DR. ENNIS: Yes, there were a
11 bunch.

12 MR. DOUGLASS: ----and speech
13 codes but they have all been sent in. I put it as a
14 high priority.

15 DR. ENNIS: I appreciate that.
16 We ran into payment issues last year because, when it
17 finally did get posted, there were things we still
18 had to correct and, then, when they got corrected,
19 then, they didn't get paid appropriately for "x"
20 number after that. So, we're just trying to be
21 proactive.

22 MR. DOUGLASS: Mr. Gray keeps me
23 well-informed as to your wishes.

24 DR. ENNIS: I know. He does a
25 great job. We're not a quiet bunch. We apologize.

1 Any other public comment? So,
2 the only thing that I heard as far as something to
3 take to the MAC would be the new code edit,
4 potentially seeing if the Cabinet could send
5 something----

6 MS. HUGHES: Charles may know
7 something about that.

8 DR. ENNIS: So, we got a
9 surprise NCCI that's applying across payors, so, it's
10 not just Medicaid, for PT and OT. CMS is no longer
11 allowing manual therapy or therapeutic activity to be
12 billed along with an evaluation. So, they're not
13 letting you treat your patient the day you see them
14 first.

15 Some people are getting the
16 treatment paid and not the eval. They're getting a
17 kickback that says this has already been covered when
18 it really hasn't. So, it's some funky stuff and we
19 had no warning as providers from CMS that it was
20 coming. Basically it was two days before January 1
21 that they said, oh, by the way, and this is effective
22 January 1.

23 So, our national organizations
24 are doing a big push to try and get that corrected
25 but it is causing some major issues.

1 MR. DOUGLASS: I can certainly
2 take a look at it. There are different levels of
3 what they allow us to do with those as to whether or
4 not we can just----

5 DR. ENNIS: And I don't know
6 that it can be overridden.

7 MR. DOUGLASS: ----override the
8 fact that it's there and we want it the other way all
9 the way up to requiring our Commissioner to request
10 the change. Do you know what codes they were?

11 DR. ENNIS: Yes, 97130 or 530?

12 MS. ARMSTRONG: 530.

13 DR. ENNIS: 97530 and 97140,
14 manual therapy. Thank you.

15 MS. SAGESER: 97130 is not one?

16 DR. ENNIS: Correct. 97530.

17 MS. SAGESER: Those two codes.

18 DR. ENNIS: Yes, the two codes.

19 And previously you could use a modifier that said
20 they were a separate piece from the eval but that's
21 not even happening now, but we can also say something
22 at the MAC and see if there can be a recommendation
23 made to the Commissioner to see.

24 And if you can take it through
25 the process as well, that would be great just to see

1 if we can. I don't know if it's something you can
2 adjust. I don't know. Quite a few things are
3 happening at CMS.

4 MR. DOUGLASS: It's possible.
5 We had the same thing happen over in I believe it was
6 the HANDS or First Steps Programs last year and how
7 we've been doing it for years. They go, you can't do
8 that anymore and I go, well, no, that's how we do it.
9 And, so, we were able to get that changed.

10 DR. ENNIS: They just changed
11 the codes for developmental interventionists, too, in
12 the First Steps Program. So, they will be changing
13 that billing on you. I'm just giving you a heads-up.

14 MS. SAGESER: Can I ask a
15 question?

16 DR. ENNIS: Please.

17 MS. SAGESER: There was a new
18 RFP that was sent out, correct?

19 MS. HUGHES: For the MCOs?

20 DR. ENNIS: For the MCOs.

21 MS. HUGHES: I think I saw that
22 on Finance's website. Of course, we're not allowed
23 to----

24 MS. SAGESER: I know. So,
25 everything original is now off and they're redoing

1 everything?

2 MS. HUGHES: Yes.

3 MS. SAGESER: I just wanted
4 clarification on that.

5 MR. GRAY: The five MCOs are the
6 current five MCOs.

7 DR. ENNIS: And those go through
8 July, correct?

9 MR. GRAY: Yes, that is
10 accurate.

11 DR. ENNIS: So, they're aiming
12 for something this spring to get through and
13 potentially make another announcement.

14 MR. GRAY: The current five
15 contracts with the five existing MCOs run through to
16 June 30th of 2020.

17 MS. SAGESER: But the new RFP
18 will be before June and we'll find out if they keep
19 those five or bring in new five but the original ones
20 that they said that they might be bringing to the
21 state may no longer be coming to the state.

22 MS. HUGHES: That's correct.
23 They wiped out all those contracts that were signed
24 back in November, wiped all those out and started all
25 over.

1 MS. SAGESER: Providers do not
2 need to building necessarily relationships with them.
3 I just wanted to clarify for some of the other
4 providers that might not know that.

5 MS. HUGHES: Now, they could
6 still be awarded the contracts, but for right now, no
7 contracts that were awarded in November are in
8 existence and the new RFP----

9 DR. ENNIS: The public statement
10 that was made was they hoped to work through it by
11 mid spring so that we would know in advance of July 1
12 who those would be and could start building those
13 relationships if there were new people that were a
14 part of it.

15 MS. HUGHES: I honestly have not
16 looked at the RFP that's out there. There could be
17 some sort of a time line in there. I don't know.
18 So, I would just recommend that you look at the RFP
19 that's out there and see.

20 MS. THORNTON: We were told that
21 we have two weeks to submit----

22 MR. GRAY: To respond.

23 MS. SAGESER: I know the
24 legislation was really pushing just three. I didn't
25 know if in the RFP if it said that their goal was

1 three.

2 MS. HUGHES: I don't know that.

3 MS. SAGESER: Okay. I just
4 didn't know if anybody heard that and I was just
5 asking for clarity.

6 MS. HUGHES: Even if I knew, I
7 probably would not tell you but I do not know because
8 I'm not going to get myself in trouble.

9 MS. SAGESER: Is that
10 information in the RFP that says what their goal is?

11 MS. HUGHES: I would think if
12 they were going to limit it that they would have to.
13 This is coming from my experience of working with
14 RFPs in the Personnel Cabinet acquiring employee
15 health insurance. If we were going to limit, we had
16 to specify there was a limit as to how many would be
17 offered.

18 DR. ENNIS: The other thing,
19 though, Renea, is that bill was prefiled and I don't
20 know how much traction it has. It's sitting right
21 now but we'll see.

22 MS. HUGHES: Now, obviously, if
23 that passes and we haven't put it in there and that
24 passes, I don't know what that would do to the RFP
25 that's out there currently.

1 MS. SAGESER: Well, I was just
2 curious if there was a time frame.

3 MS. HUGHES: There might be some
4 kind of - and, again, I'm saying this based upon me
5 doing RFPs in the Personnel Cabinet - we normally had
6 a little bit of a time line in there when we would
7 issue it, like, for instance, when the responses were
8 due back and an anticipated award date, but I've not
9 looked at this one.

10 I just went out yesterday
11 because somebody mentioned it and I went out and did
12 see that it had been released. I did not know it had
13 been released.

14 DR. ENNIS: We got an email
15 yesterday that it had been released.

16 Anything else? Any other
17 public comment?

18 MR. DOUGLASS: I no longer have
19 a Therapy TAC individual whose last day is tomorrow.
20 So, until I do hire someone, you can send anything
21 directly to me.

22 MS. HUGHES: Who is leaving?

23 MR. DOUGLASS: Jessica. She's
24 going back to school and got a job in a hospital.

25 DR. ENNIS: Tell her

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

congratulations and we miss her.

MS. MARSHALL: Beth, it's Pam.
Is that Charles? I couldn't tell who was speaking.
Who do we contact if Jessica is not there?

DR. ENNIS: Send things to
Charles.

DR. ENNIS: So, I will be at the
MAC on the 23rd. Our next meeting is scheduled for
the 17th of March. Thank you all.

MEETING ADJOURNED